United States District	REPORT.
Southern District of Ni	EW YORK ( OVY) M
NAOSI B Fredic	at an shi
Write the full name of each plaintiff.	CV
write the run name of each plaintin.	(Include case number if one has bee assigned)
-against-	COMPLAINT
	Do you want a jury trial?
	☐ Yes ☐ No
Write the full name of each defendant. If you need more	
space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of	
names. The names listed above must be identical to those	5.00 5.000 5.000
contained in Section II.	C )
	0
	***
	Sangar <sup>a</sup> Mari
NOTICE	
The public can access electronic court files. For privacy and	security reasons naners filed

number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

be a citizen of the same Staffe as any plaintiff.
What is the basis for federal-court jurisdiction in your case?
☐ Federal Question
☐ Diversity of Citizenship
A. If you checked Federal Question
Which of your federal constitutional or federal statutory rights have been violated?
Allest Hum
For the bad million he
B. If you checked Diversity of Citizenship
1. Citizenship of the parties Twitten
Of what State is each party a citizen?
The plaintiff,, is a citizen of the State of
(Plaintiff's name)
(Plaintiff's name)
(State in which the person resides and intends to remain.)
or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of  C(Nd) / 10+ him in
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.
All the Jane

If the defendant is an	individual:
The defendant, (De	joe Brillon, is a citizen of the State of efendant's name)
or, if not lawfully ad subject of the foreign	lmitted for permanent residence in the United States, a citizen or a state of
If the defendant is a c	corporation:
The defendant,	, is incorporated under the laws of
the State of	
and has its principal	place of business in the State of
or is incorporated un	nder the laws of (foreign state)
and has its principal	place of business in
If more than one defer information for each a	ndant is named in the complaint, attach additional pages providing additional defendant.
II. PARTIES	
A. Plaintiff Informa	ation
	nformation for each plaintiff named in the complaint. Attach additional
pages if needed.	V & FRELENK
First Name	Middle Initial Last Name
001	Brospect me Bound
Street Address	
County, City	State Zip Code
Telephone Number	34-2653 9/Ahan 1/65/3 @ Email Address (if available)

## B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:					
	First Name	Last Name			
	Current Job Title (or other identifying information)				
	Current Work Address (or other address where defendant may be served)				
	County, City	State	Zip Code		
Defendant 2:					
	First Name	Last Name			
	Current Job Title (or other identifying information)				
	Current Work Address (or other address where defendant may be served)				
	County, City	State	Zip Code		
Defendant 3:					
	First Name	Last Name			
	Current Job Title (or other identifying information)				
	Current Work Address (or other address where defendant may be served)				
	County, City	State	Zip Code		

Defendant 4:			
	First Name	Last Name	
	Current Job Title (or other identifying information)		
	Current Work Address (or other address where defendant may be served)		
	County, City	State	Zip Code
III. STATEMEN	NT OF CLAIM		
Place(s) of occurre		MIN	
Date(s) of occurre	ence:		
FACTS:			
	the FACTS that supp	oort your case. Describe what	hannoned how you were
		rsonally did or failed to do tha	
additional pages i			, k /
J-/-	· 5701	1 130	nellon
/ L	· · · · · · · · · · · · · · · · · · ·	·	
UIL	V Le	WALL AL	400,010
		n 1 1 1 1 1 1 1 1 1	a soul
V		Maria I man I	
			E Par
	The state of the s	and the same	
	4		
		9/4/11/11	Can Langue
		<i>J</i>	
		J**\	
W. 200		9 (1)10	
	V	and the second of the second o	

## 

	<u> </u>
INJURIES:	
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.	
IV. RELIEF	
State briefly what money damages or other relief you want the court to order.	

## V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

8/ prin 10302]	1/1/1/
Dated	Plaintiff's Signature
N1931 65	Frederich
First Name Middle Initial	Last Name
1001 Vessoul pr	
Street Address	K
Plank by	1095
County, City State	Zip Code
3-17 724-7653	
Telephone Number	Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes 

No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.